

**Kentucky**  
**Federal Part II Consumer Justification**  
**Golden Rule Insurance Company**

**Scope and Range of the Rate Increase**

The requested average rate change for all individual health benefit plans sold off the health insurance exchange in the state of Kentucky is +50.0%, though rate changes range from +43.3% to +56.7% depending on the specific plan. Additional premium changes may occur due to policyholder aging, changes in tobacco user status, and changes in plan selection. Rate changes will be effective January 1, 2017. It is projected that there will be 681 covered lives impacted by this rate change.

**Financial Experience of the Product**

This product was first available January 1, 2015, so the financial experience for the 2015 plan year is included below.

<u>Plan Year</u>	<u>Earned Premiums</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>
2015	\$3,314,544	\$2,057,513	62.1%

Although we have limited experience available for this product, we base our rates on the best information that we have available about the expected costs for these plans.

**Changes in Medical Service Costs**

There are many different health care cost trends that contribute to increases in the overall U.S. health care spending each year. These trend factors affect health insurance premiums, which can mean a premium rate increase to cover costs. Some of the key health care cost trends that have affected this year's rate actions include:

- Increasing Cost of Medical Services: Annual increases in reimbursement rates to health care providers, such as hospitals, doctors, and pharmaceutical companies, lead to increased health care spending.
- Increased Utilization: The number of office visits and other services continues to grow. In addition, total health care spending will vary by the intensity of care and use of different types of health services. The price of care can be affected by the use of expensive procedures such as surgery versus simply monitoring or providing medications.
- Higher Costs from Deductible Leveraging: While health care costs continue to rise every year, if deductibles and copayments remain the same, a greater percentage of health care costs need to be covered by health insurance premiums each year.
- Cost Shifting from the Public to the Private Sector: Reimbursements from the Center for Medicare and Medicaid Services (CMS) to hospitals do not generally cover the cost of providing care to these patients. Hospitals generally make up for this reimbursement shortfall by charging higher rates to private health plans.
- Impact of New Technology: Improvements to medical technology and clinical practice require use of more expensive services, leading to increased health care spending and utilization.

**Changes in Benefits**

Changes in covered benefits or benefit plan designs impact costs and therefore affect premium changes. Benefit plans are typically changed for one of three reasons: to comply with the requirements of the Affordable Care Act, to respond to consumer feedback, or to address a particular medical cost issue to provide for greater long-term affordability of the product.

The Affordable Care Act implemented requirements for the "value" that must be offered by plan designs in the Individual and Small Group markets. These are called "metal levels". For a benefit plan to remain classified within a particular metal level from year to year, adjustments to deductibles, copayments or coinsurance are sometimes required. These adjustments impact the cost and therefore the premium increases for the plan.

**Administrative Costs and Anticipated Profits**

Golden Rule Insurance Company works to directly control administrative expenses by adopting better processes and technology and developing programs and innovations that make health care more affordable. We have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions. State and Federal government imposed taxation and fees are significant factors that impact health care spending and have to be included in the administrative costs associated with the plans. Due to uncertainty in the individual health insurance market as a result of healthcare reform, our margin for profit and contingencies was increased to account for the additional risk.

A review of our current premium rates indicates that the current rates are not sufficient to cover the expected benefit and administrative costs. The requested rate change is anticipated to be sufficient to cover the projected benefit and administrative costs for the 2017 plan year.